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In addition to the elected district and at-large Councilors, the Council has as ex-officio members the following general officers.

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Council Officers: Philip K. Gilman, Chairman; George H. Kress, Secretary.

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		E. Earl Moody (1947), 829 South Alvarado Street, Los Angeles.
		Dewey R. Powell (1946), Room 501, 242 North Sutter Street, Stockton 2.
		Edward B. Dewey (1946), Professional Building, 65 North Madison Avenue, Pasadena.

Standing Committees

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			F. Burton Jones	Vallejo	1947
			R. H. Sundberg.....	San Diego	1948
			Secretary-Editor, ex officio		
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Edwin L. Bruck.....	San Francisco	1945	Dwight H. Murray (Chairman).....	Napa	1947
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Edward F. Nippert.....	Hollywood	1948	Advisory Committee		
Committee on Health and Public Instruction			Junius B. Harris (Chairman).....	Sacramento	
J. C. Geiger (Chairman).....	San Francisco	1946	H. R. Madeley (Vice-Chairman).....	Vallejo	
E. Earl Moody.....	Los Angeles	1947	Wilson Stegeman	Santa Rosa	
C. M. Burchfiel.....	San Jose	1948	Committee on Scientific Work		
Committee on History and Obituaries			George H. Kress (Chairman).....	ex officio	
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Robert A. Peers.....	Colfax	1948	Howard F. West.....	Los Angeles	1948
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Committee on Hospitals, Dispensaries and Clinics			Eugene J. Joergenson.. (ex officio, Secretary, Section on Surgery)		
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Committee on Industrial Practice			Clarence E. Rees.....Chair., Com. on Hospitals, Dispensaries, Clinics		
Carl L. Hoag.....	San Francisco	1946	Donald Cass.....Chair., Com. on Industrial Practice		
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Nelson J. Howard (Chairman).....	San Francisco	1947	F. E. Clough.....Chair., Com. on Postgraduate Activities		
William A. Key.....	San Mateo	1948	Philip K. Gilman.....President of California Medical Association		
Committee on Medical Economics			Sam J. McClendon.....President-Elect		
Howard W. Bosworth.....	Los Angeles	1946	George H. Kress.....Secretary-Treasurer		
Wayne J. Pollock.....	Sacramento	1947	Communications for the Public Relations Department should be addressed to the Director, Mr. John Hunton, Room 2004, 450 Sutter Street, San Francisco.		
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Committee on Medical Education and Medical Institutions			Lyell C. Kinney (Chairman).....	San Diego	1946
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B. O. Raulston (Chairman).....	Los Angeles	1947	Orville N. Meland (Sec'y, Southern Calif.).....	Los Angeles	1946
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Miscellaneous California Medical Organizations

Board of Medical Examiners of the State of California San Francisco, 2—Room 214, 515 Van Ness. Los Angeles—906 State Building. Sacramento—Business and Professional Building, 1020 N Street, Room 536. Secretary, Frederick N. Scatena, M. D., 1020 N Street, Room 536, Sacramento, 14.	Department of Public Health of the State of California San Francisco—1122 Phelan Building, 760 Market Street, San Francisco, 2; Underhill 8700. Sacramento—631 J Street. Los Angeles—State Office Building, 217 West First Street, Madison 1281. Director, Wilton L. Halverson, 603 Phelan Building, 760 Market Street, San Francisco, 2.	Medical Society of State of California Optional Medical Defense—C. M. A. Members, Room 2008, Four Fifty Sutter, San Francisco, 8. Southern California Medical Association President, Reginald H. Smart, 1136 West Sixth Street, Los Angeles. Secretary, Nelson P. Anderson, 2007 Wilshire Boulevard, Los Angeles. California Northern District Medical Society President, John H. White, Chico. Secretary, J. Homer Woolsey, Woodland Clinic, Woodland.
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(For roster of County Society officers, see last month's issue.)

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In California, the three nonprofit hospitalization corporations named below are in operation:

Hospital Service of California, 364 Fourteenth Street, Oakland, 12. (Phone HIgate 7600.) 153 Kearny Street, San Francisco, 8. (Phone GARfield 0813.) 67 East Santa Clara, San Jose.

Hospital Service of Southern California, 743 South Grand View Street, Los Angeles. (Phone DRexel 5261.)

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento. (Main 2548.)

California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the libraries of the following institutions:

University of California Medical Library, Medical Center, San Francisco 22. Phone MOntrorse 3600.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco 15. Phone WESt 8000, Extension 75.

Barlow Medical Library (Los Angeles County Medical Association), 634 So. Westlake, Los Angeles 5. Phone FIItzroy 7694.

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BOOK REVIEWS

BOOKS RECEIVED

Public Medical Care: Principles and Problems. By Franz Goldmann, M.D. Cloth. Price, \$2.75. Pp. 226. New York: Columbia University Press, 1945.

Psychiatry in Modern Warfare. By Edward A. Strecker, A.M., M.D., Litt.D., LL.D., Professor of Psychiatry and Chairman of the Department, School of Medicine, University of Pennsylvania; Consultant for the Secretary of War to the Surgeon-General of the Army and Army Air Forces; Consultant to the Surgeon-General of the Navy; Consultant to the Surgeon-General, U.S.P.H.S., and Kenneth E. Appel, Ph.D., M.D., Sc.D., Assistant Professor of Psychiatry and Chief of Clinic, School of Medicine, University of Pennsylvania; Lecturer in Psychiatry, School of Neuropsychiatry, U. S. Naval Hospital, Philadelphia; Medical Examiner for the Armed Forces Induction Station, Philadelphia, and Sometime Visiting Psychiatrist, Auspices Rockefeller Foundation, Eighth Service Command, U.S.A. Cloth. Price, \$1.50. Pp. 88. New York: The Macmillan Company, 1945.

TWENTY-FIVE YEARS AGO

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EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "What Are You Doing to Defeat Anti-Health and Anti-Medical Legislation?" by Walter C. Alvarez, M.D., San Francisco.—From present indications there are going to be four measures on the ballot in November which will strike directly at the public health.

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No wonder there is a shortage of doctors here at home. And there are other good reasons why this shortage will last—long after the peace has been signed.

Getting our troops back after the war will be a hard, long job. Their medical care must be maintained. So their doctors will be among the very last to be released. And many doctors will stay abroad to fight epidemics so they won't spread to our shores.

So . . . help your doctor save his time. The very best way to save your doctor's time is to make use of his services the minute trouble arises. Never indulge in self-diagnosis. See your doctor early, in time for him to head off more serious trouble. And help him further by doing these three things:

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In a recent address Major General Norman T. Kirk, Surgeon General of the Army, said in part:

The war in which we are engaged has produced many seemingly unsurmountable problems, problems without precedent in the development of new weapons, new methods of training, and new tactics. But none of these problems has been more difficult than the problems faced by our Medical Department in caring for the largest American Army in history, fighting in virtually all parts of the world. And yet, despite these problems, no Army at any time in history has achieved a record of recovery from wounds and freedom from disease comparable to that of the American Army in this war.

The Medical Department, its doctors, its nurses, its corpsmen, has saved the lives of 97 out of every 100 men wounded in battle who reach a hospital, compared with

92 in World War I. Seventy out of every 100 wounded overseas were returned to duty, and 27 were evacuated to this country.

During the past three years, the Medical Department has maintained a record of less than one death from disease per 1,000 men per year. During World War I, 19 out of every 1,000 men died each year from disease. During the Spanish-American War we lost 26 out of every 1,000 per year, and in the Civil War, 65 out of every 1,000 men died each year from disease.

In all, during this war, 12,000 men died from disease from December 7, 1941, to May 1, 1945. In World War I, 62,670 men died from disease; in the Spanish-American War, 3,500 died from disease, and in the Civil War, 336,216 men of the Union and Confederate armies died from disease.

(Continued on Back Advertising Section, Page 30)

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EDITOR GEORGE H. KRESS, M. D.

Editorial Board

Roster of Editorial Board appears in this issue at beginning of
California Medical Association department. (For page number
of C.M.A. department, see index below.)

Committee on Publications

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F. Burton Jones.....	Vallejo	1947
R. H. Sundberg.....	San Diego	1948
George H. Kress, Secretary-Editor.....	San Francisco	ex officio

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Authors who wish articles of greater length printed must pay
extra costs involved. Illustrations in excess of amount allowed
by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND
WESTERN MEDICINE has prepared a leaflet explaining its rules
regarding publication. This leaflet gives suggestions on the
preparation of manuscripts and of illustrations. It is suggested
that contributors to this Journal write to its offices requesting a
copy of this leaflet.

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EDITORIALS

PRESENT STATUS OF PROPOSED SICKNESS INSURANCE LAWS FOR CALIFORNIA —TWO INTERIM COMMITTEES

California Senate and Assembly Appoint In- terim Committees to Study Sickness Insurance.

—When the 56th California Legislature ad-
journed on June 16, last, two major compulsory
sickness insurance bills (Governor Warren's A.B.
800 and C.I.O.'s A.B. 449) were not placed on
the Governor's desk, because each failed of pas-
sage in the Assembly where they originated,
thereby preventing subsequent consideration by
the State Senate and the Governor.

However, even though the much discussed
measures failed to secure legislative approval,
two other resolutions closely related to sickness
insurance,—one by the State Senate and the
other by the State Assembly,—secured favorable
consideration by their respective bodies. The
resolutions authorized two Interim Committees,
one composed of seven Assemblymen with an
appropriation of \$50,000.00, and the other of
five Senators, with allocation of \$20,000.00, the
allocations being intended to cover investigation
costs of voluntary and compulsory sickness in-
surance systems in our own and other States.
Scope of the measures providing for the interim
committees may be gleaned by reading the text
of the two resolutions. (In the July issue of CALI-
FORNIA AND WESTERN MEDICINE, the Senate
Resolution appears on page 22 (Item VII), the
Assembly Resolution on page 29 (Item XII).

Members of the California Medical Associa-
tion may well pause to consider in advance the
possible significance of interim committee inves-
tigations as outlined in the two resolutions, and
the results of the reports that may be submitted.
If either the Assembly or Senate Committee, or
both, submit to the next Legislature a bill or bills
in advocacy of a compulsory sickness insurance
system for California, it will mean a legislative
battle even more tense than that which took place
during the first six months of the present year.
This patent fact should be understood by all
physicians.

* * *

**Physicians Must Continue Their Campaign
of Education.**—Many phases of this year's
legislative struggle over sickness insurance plans
have been given space in the OFFICIAL JOURNAL,
and all signs indicate that much more comment
must be made thereon.

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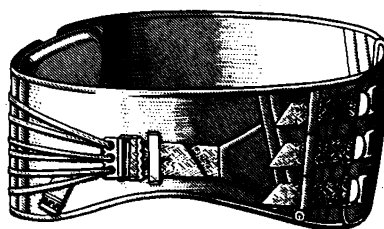
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Manager

SURGEON GENERAL KIRK REPORTS ON HEALTH OF ARMY

(Continued from Page 26)

Malaria has been reduced from hundreds of cases per 1,000 men per year to less than 50. The dysenteries, which once put entire regiments and armies out of action, have occurred among less than 90 out of every 1,000 men per year and have been readily controlled. During World War I, 38 per cent of the men who contracted meningitis died, compared with 4 per cent in the present war, and 24 per cent of those who caught pneumonia died in 1918 compared with only seven-tenths of 1 per cent in this war.

No greater tribute can be paid to the Medical Department of our Army than the tribute paid by its record of saving lives in this war.

It is a record written by Medical Corpsmen following the troops into battle; by doctors performing their surgery amid the bursting of bombs; by the self-sacrifice of American women in the Nurse Corps, laboring long hours under the most difficult of conditions, by thousands of other Medical Department personnel, and by scientific research and development.

The Medical Department today is well prepared for the intensification of its work brought about by the cessation of hostilities in Europe. Thousands of wounded veterans in the European and Mediterranean theaters are being transported to the United States as fast as ships and planes are available. Physical examinations are being given to each of the 3,500,000 soldiers in those theaters before they are redeployed. And Medical Department personnel will be sent to the Pacific in ever-increasing

(Continued on Page 32)

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SURGEON GENERAL KIRK REPORTS ON HEALTH OF ARMY

(Continued from Page 30)

numbers as our forces are marshalled for the final blows against Japan.

The peak of the Medical Department's activities will not be reached until the fall of 1945. At present, wounded and sick are being returned to this country from all theaters at the rate of 44,000 a month. This evacuation will continue until all of the patients in the European and Mediterranean theaters are removed, which will require 90 days. . . .

In the Pacific areas our fighting men are exposed to many types of disease that are rare in the United States and Europe. However, this should not be considered cause for alarm. With proper preventive measures and medical service the disease rate in the Pacific will be kept to a minimum.

Every fighting unit in the Pacific area has had the same type of medical organization accompanying it as those in other theaters. The chain of evacuation of the wounded is well organized and is very effective. Because of geographical and climatic differences certain changes were desirable, but the same high type facilities are available.

The main diseases to be encountered in the Pacific are

malaria, the dysenteries, scrub typhus, skin infections, schistosomiasis, filariasis and dengue fever. Excellent progress has already been made in keeping the incidence of all of these diseases to a very low degree.

Malaria, for example, has been reduced to one-fourth its incidence in the early part of the war so that the overall death rate from malaria in the Army is .01 per cent.

The use of D.D.T. and atabrine is primarily responsible for lowering the incidence rate of the most disabling tropical diseases. The remarkable record in lowering the malaria rate is due also to strict discipline and control measures. Malaria is spread by the anopheles mosquito. D.D.T., a recently developed insecticide, is used to kill this mosquito and the larva. Areas are sprayed with D.D.T. by plane and a 5 per cent solution of D.D.T. sprayed on barracks walls in kitchens and huts kills all mosquitoes and flies alighting thereon for months after spraying.

The dysenteries, so common in the Pacific areas, which are spread by flies are also rendered less prevalent by the use of D.D.T.

Atabrine has been found more effective as a therapeutic agent in the control of malaria than quinine.

Filariasis, which is also spread by the mosquito, is reduced by the use of D.D.T. and mosquito control methods.

(Continued on Page 36)

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SURGEON GENERAL KIRK REPORTS ON HEALTH OF ARMY

(Continued from Page 32)

Schistosomiasis is caused by a small fluke found in pools and running streams which in a matter of seconds burrows through the skin and infects the individual. All water found to contain these flukes is posted and personnel is warned not to bathe, wade or wash in it.

Areas found to contain scrub typhus are immediately burned over, clothing is impregnated, and efforts are being made to develop a vaccine to counteract it.

Dengue fever, also spread by the mosquito, is controlled by the use of D.D.T. and mosquito abatement.

It can readily be noted that D.D.T. is one of the miracle developments of this war.

While all of this work and planning was going on for the increased activity in the Pacific the Army Medical Department during 1944 took care of 4,435,000 patients in hospitals—2,315,000 in the United States and 2,120,000 in hospitals overseas. In addition it provided care for an additional 43,210,000 nonhospitalized patients—those with minor infections and injuries who were only temporarily incapacitated.

It performed the essential functions of caring for men wounded in battle, the injured and the sick to maintain fighting strength with 45,000 medical corps, 15,000 dentists, 52,000 nurses, 2,000 veterinarians, 18,700 medical administrative corps men, 2,500 sanitary corps specialists, 1,000 physical therapists, 1,500 dietitians, 61 pharmacy corps officers, 535,000 enlisted medical aid men and approximately 80,000 civilian employees.

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President Truman May Ask More Security

Washington (I.N.S.)—President Truman was reported today to be planning an early message to Congress seeking expansion of the Social Security Law.

The message, which would be the first major legislative recommendation of the new President, was said in congressional circles to be scheduled for next week.

"The President is very much interested in the subject," said Senator Wagner (D., N. Y.), co-author of the security law. "I think Congress will get a message on it."

Mr. Truman, it was reported, also will ask an emergency \$25 a week unemployment compensation for displaced war workers. This was a recommendation of former War Mobilizer James F. Byrnes, but was rejected by Congress.

Plans for a new far-reaching Social Security bill were discussed with the President by Wagner, Senator Murray (D., Mont.) and Representative Dingell (D., Mich.)

The new measure under present plans, will call for

an 8 per cent payroll tax—4 per cent on the employer and 4 per cent on workers—which is estimated to yield in peace time from five to eight billion dollars a year, depending on the number employed.—San Francisco *Call-Bulletin*.

U.S.P.H.S. Chief Urges More Blood Tests

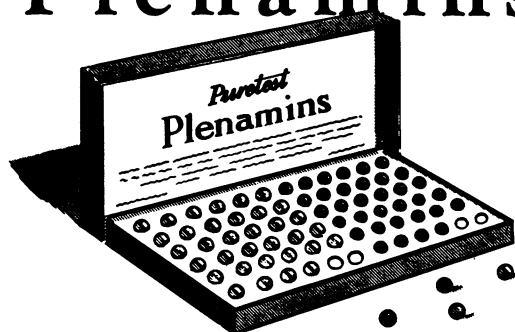
Washington, (Assoc. Press)—Blood tests should be made a part of all medical examinations, Dr. Thomas Parran, surgeon general of the United States Public Health Service, said on November 12.

Reporting to the Nation on the work done at the St. Louis conference of doctors and medical experts toward combating venereal diseases, Dr. Parran said in a talk prepared for broadcast (Blue Network-WMAL).

"More than 25 million Americans will receive blood tests this year but these must be done even more widely. Such tests should be a part of all medical examinations, as a routine test before marriage and during each pregnancy. These latter examinations are now compulsory in

(Continued on Page 40)

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U.S.P.H.S. CHIEF URGES MORE BLOOD TESTS

(Continued from Page 37)

many States and should be extended across the Nation."

Dr. Parran said it was the conviction of the more than 800 doctors, public health authorities, and educators who attended the St. Louis meeting that "syphilis and gonorrhea can be banished from this Nation."

As a result of the national campaign to control venereal disease begun in 1938, and intensified during the war, the American people are "getting dividends in terms of less illness and less disability," Dr. Parran declared.—San Francisco Chronicle.

E.M.I.C.—Three-Quarters of a Million Servicemen's Wives and Babies Cared for Under Emergency Maternity and Infant Care Program

The count of servicemen's wives and babies authorized for care under the emergency maternity and infant care

program is now more than 750,000, says Katharine F. Lenroot, Chief of the Children's Bureau.

The Bureau, with State public-health departments, is responsible for administration of this program, by which medical, nursing, and hospital care are provided for the wife throughout pregnancy, childbirth, and for six weeks after childbirth and to the infant through its first year. Wives and infants of men in the four lowest pay grades of the Army, Navy, Marine Corps, and Coast Guard are eligible and also the wives and infants of Army and Navy aviation cadets. The care is provided for all, regardless of family income, race, or place of residence. There is no cost to the serviceman or his wife for her care or the care of her baby.

"With the return of servicemen to civilian life, one question regarding the program comes up with increasing frequency," Miss Lenroot said. "It has to do with

(Continued on Page 42)

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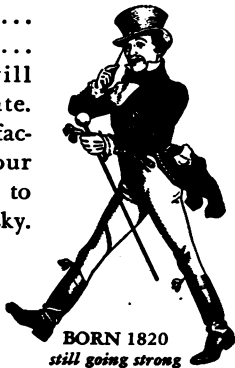
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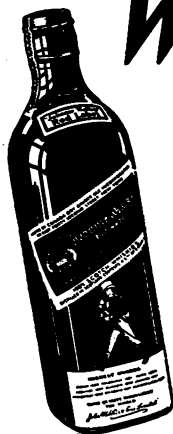
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James Solomon, M.D.

Approved by American College of Surgeons

E.M.I.C. PROGRAM

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the eligibility of the wife or infant after the husband or father has left the service. If the application was approved and care was authorized while the serviceman was in one of the eligible pay grades, it is continued for the period of authorization even after his discharge. Applications received after he has left the service cannot be approved. Should the wife or infant for whom care has been authorized move to another community or state, the case can be reauthorized where care can be completed."

Application blanks can be obtained from the doctor accepting the case, from hospitals or the local Red Cross, or from local or State health offices. Inquiries should be addressed to the State department of health.

"But other diseases continued to decline. 1944 was the fifth consecutive year without a case of smallpox, and typhoid remained a grey shadow of its past formidable self. No cases of human rabies were recorded, and the trial operation of the 90-day leash law, in which dog bites dropped 41 per cent and animal rabies fell 37 per cent, demonstrated that the present permanent law held much promise for 1945 and following.

Marked Rise in Educational Level of the American People

A significant factor in our successful prosecution of the war has been the comparatively high level of education of our fighting men. In mechanized modern warfare a decisive advantage accrues to a nation in which high standards of education and technical training prevail. It is, therefore, indeed fortunate that extraordinary gains had been made in the spread of secondary and higher education among the American people in the period between the two World Wars.

The evidence is clear and convincing. Among white men in the age group 25 to 29 in 1940, nearly 40 per cent were high school graduates, about twice the proportion of two decades earlier.

Among young white women in the 20-year period under review, the proportion of high school graduates showed a very substantial increase, although not quite as marked as that for the men. Nevertheless, in 1940 as in 1920, a somewhat larger proportion of young women than men had completed high school.

A greater percentage of men than women, however, go on to college. Among white men 25 to 29 in 1940, 14.8 per cent had completed one or more years of college as compared with 13.6 per cent for young white women.

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MARKED RISE IN EDUCATIONAL LEVEL OF THE AMERICAN PEOPLE

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Moreover, of those who enter college, a considerably larger proportion of men than women complete the course. The per cent of college graduates among white men and women at ages 25 to 29 in 1940 was, respectively, 7.5 and 5.3. The difference, however, is somewhat smaller than it was 20 years ago, because the proportion of college graduates among young men had increased in the two decades about 42 per cent, as against nearly 47 per cent for young women.

The proportion of young men with secondary or higher education is much larger in urban than in rural areas. According to the 1940 census, 46 per cent of young white men in urban areas were high school graduates, as against 35 per cent among those in the rural nonfarm population, and only 22 per cent in the rural farm areas. Even greater are the differences with respect to college graduates, the figures for the three areas being, respectively, 10 per cent, 6 per cent, and 1.5 per cent. These differences are not surprising, inasmuch as these institutions are located, for the most part, in or near cities

and towns. Also the urban population is better able to pay the costs of a college education and has more opportunity to utilize it.

In the period under discussion, the gains in secondary school education have been comparatively even greater for the colored than for the white population. The proportion of young colored men and women in 1940 who had completed at least one year of high school was more than double that two decades earlier, and except in the South, the ratios for the young colored population in 1940 was equal to or better than that of the white population 20 years earlier. The figures for college graduates among colored males, however, have shown only slight improvement. On the other hand, the educational level of Negro college graduates in recent years is probably much higher than it was 20 years ago. The proportion of young colored women who have received college degrees has increased more than 50 per cent.

The outlook is particularly good for the resumption of educational gains after the war. The colleges have played an important rôle in the training of hundreds of thousands of young men for the numerous technical jobs in the armed forces. This brought many young men into direct contact with colleges who otherwise would not have had this experience.